

Mississippi Department of Mental health

Request for Proposal/Request for Application Scoring Form Fiscal Year Click or tap here to enter text.

Provider: Click or tap here to enter text.

Provider Designee's Name: Click or tap here to enter text.

Staff Reviewer: Click or tap here to enter text.

Service/Project: Click or tap here to enter text.

Date: Click or tap to enter a date.

CMHC Private Non-Profit

Amount Requested this year: \$ Click or tap here to enter text.

Application Item and point values		Score	Comments
A. <u>Application Guidelines</u>			
1. Includes all 3 budget forms	5 pts	<small>Click or tap here to enter text.</small>	
2. Budget narrative/justification included	5 pts	<small>Click or tap here to enter text.</small>	
B. <u>Outcome Measures – Goals/Objectives</u>			
1. Outcome of <i>Fiscal Year</i> <small>Click or tap here to enter text.</small> goals/objectives	10 pts	<small>Click or tap here to enter text.</small>	
a. Barriers that prevented success	10 pts	<small>Click or tap here to enter text.</small>	

Application Items and point values		Score	Comments
b. How barriers will be addressed	10 pts	Click or tap here to enter text.	Click or tap here to enter text.
2. Fiscal Year Click or tap here to enter text. Goals and Objectives			
a. Activities	10 pts	Click or tap here to enter text.	Click or tap here to enter text.
b. Timelines	5 pts	Click or tap here to enter text.	Click or tap here to enter text.
c. Evaluation	5 pts	Click or tap here to enter text.	Click or tap here to enter text.
d. Staff Responsible	5 pts	Click or tap here to enter text.	Click or tap here to enter text.

Application Items and point values		Score	Comments
C. Specific Requirements			
a. Service specific requirements as detailed in RFP/RFA	10 pts	Click or tap here to enter text.	Click or tap here to enter text.
b. Includes all service/project related provisions and tracking in narrative	10pts	Click or tap here to enter text.	Click or tap here to enter text.
D. Other Guidelines			
Plans for monthly data reports	10 pts	Click or tap here to enter text.	Click or tap here to enter text.
Plans for WITS reporting	5 pts	Click or tap here to enter text.	Click or tap here to enter text.

Total (Maximum possible 100 pts.)

Click or tap here to enter text.

Scoring Guidelines:

1. Items that are missing or not addressed will receive 0 points for that item.
2. If the RFP/RFA outline is not followed in the order/format provided, deduct 5 points from the total score.
3. If the Program Narrative exceeds designated page limit, deduct 5 points.

Your signature indicates that you have approved the provider’s proposal and that the following statements are true and accurate.

I will not obtain or attempt to obtain any pecuniary benefit for myself other than that compensation provided for by law or for any relative (spouse, child, parent, sibling, spouse of child, spouse of parent, or spouse of sibling) through the award of this grant to this provider.

I have not obtained any pecuniary benefit from the grant recipient during the RFP process.

I am not employed by the grant recipient nor have any financial interest in the organization receiving the grant award

Grant Reviewer Signature Click or tap to enter a date.
Date

Division Director Signature Click or tap to enter a date.
Date

Bureau Director Signature Click or tap to enter a date.
Date

Chief Clinical Officer/Chief of Staff Signature Click or tap to enter a date.
Date